



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

490 7590 11/15/2005
VIDAS, ARRETT & STEINKRAUS, P.A.
6109 BLUE CIRCLE DRIVE
SUITE 2000
MINNETONKA, MN 55343-9185
01/04/2006 TBESMAH2 00000053 220350 09715878

01 FC:1501 1400.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robin Reddison	(Depositor's name)
<i>Robin Reddison</i>	(Signature)
January 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/715,878	11/17/2000	Patrick Rivelli JR.	5697-001110	7631

TITLE OF INVENTION: NEUROVASCULAR STENT AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/15/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HO, UYEN T	3731	623-001110			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Vidas, Arreitt & Steinkraus PA

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCIMED LIFE SYSTEMS, INC.

Maple Grove, MN 55311

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

W.E. Anderson

Date January 3, 2006

Registration No. 37766

Typed or printed name William E. Anderson
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Patrick Rivelli Jr.
 Application No.: 09/715878
 Filed: November 17, 2000
 For: Neurovascular Stent and Method
 Examiner: Uyen T. Ho
 Group Art Unit: 3731
 Firm Docket No.: S63.2P-10978-US02



MAIL STOP ISSUE FEE *FIFTH ATTEMPT 3:06 P.M.*
 DATE: January 3, 2006 TIME: 2:08 P.M. FACSIMILE NO.: 571-273-2885
 TOTAL NUMBER OF PAGES (including transmittal letter): 5

FACSIMILE TRANSMITTAL LETTER

In addition to this 2 page Facsimile Transmittal Letter, following please find
 Part B – Fee Transmittal in duplicate; and 1 page Fee Address Indication Form

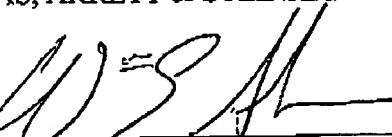
With respect to fees: Please charge the Issue Fee of \$1,400.00 to our
 Deposit Account No. 22-0350

Conditional Petition

If any extension of time for the accompanying response is required or if a petition
 for any other matter is required, applicant requests that this be considered a petition therefore.

If any additional fees associated with this communication are required and have
 not otherwise been paid, please charge the additional fees to Deposit Account No. 22-0350.
 Please credit overpayment associated with this communication to the Deposit Account No. 22-
 0350.

Respectfully submitted,
 VIDAS, ARRETT & STEINKRAUS

By: 
 William E. Anderson II
 Registration No.: 37766

Date: January 3, 2006

Transmittal Letter
Page 2

Application No.: 09/715878
Attorney Docket No.: S63.2-10978-US02

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885, on January 3, 2006.

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Robin Peddieson